	PATENT A	PPLICATIO Effect	(99	78	112	4						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			25					RATE	FEE		RATE	FEE	
FOR -			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			25 minus 20=		. 5		Ī	X\$ 9=	•	OR	X\$18=	don	
INDEPENDENT CLAIMS			ろ minus 3 =		• 0		-	X40=			X80=	10 0	
MULTIPLE DEPENDENT CLAIM PRESENT						 	H	A40=	,~	OR			
							+135=			OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	8001	
CLAIMS AS AMENDED - PART II								SMALL ENTITY			OTHER THAN SMALL ENTITY		
		(Column 1) CLAIMS		(Colui	IEST	(Column 3)	Ė	JWIALL I	ADDI-	OR I	OMALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT			IBER OUSLY FOR	PRESENT EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	·30	Minus	ユ	2	2		X\$ 9=	:	OR	₹\$18=	90	
ME	Independent	· 9	Minus	 3) <u></u>	=	r	X40=		∂ OR	X80=	-	
۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 405		, ,	+270=		
							L	+135= TOTAL	-	OR	TOTAL	(10	
			•				AD	DIT. FEE		OR	ADDIT. FEE		
100		(Column 1) CLAIMS			mn 2) Hest	(Column 3)	1	د بر پرست که مه	ADDI-	: ::	. zar-	- ADDI-	
AMENDMENT BY		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT		RATE	TIONAL -FEE	颈	RATE	TIONAL FEE	
	Total	•	Minus	**		=	!	X\$ 9=		OR	X\$18=		
	паоропаотк	*	Minus	•••		=		X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
							ب ۱۵	TOTAL		OR	TOTAL ADDIT. FEE		
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIG NUI PREV	HEST MBER VIOUSLY D FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	Ĭ,	
MEN	Independent	•	Minus	***		=]	X40=		OR	You		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1		 	
١.	If the entry in acti	mn 1 is loss than	the entry in sol	ump 2 um	ita "N" in ~	olumn 3	L	+135=		OR		ļ	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	ADDIT. FEE	<u> </u>	
	The "Highest Nur	mber Previously F	Paid For" (Total o	or Indeper	ndent) is th	e highest numb	er four	nd in the ap	opropriate b	ox in o	olumn 1.		

Application or Docket Number